
State:	Arkansas	Filing Company:	Teachers Insurance and Annuity Association of America
TOI/Sub-TOI:	A08G Group Annuities - Unallocated/A08G.003 Deposit Administration		
Product Name:	Group Annuity		
Project Name/Number:	RPPM/		

Filing at a Glance

Company:	Teachers Insurance and Annuity Association of America
Product Name:	Group Annuity
State:	Arkansas
TOI:	A08G Group Annuities - Unallocated
Sub-TOI:	A08G.003 Deposit Administration
Filing Type:	Form
Date Submitted:	08/15/2012
SERFF Tr Num:	TCRE-128642668
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	T-940-FA-GA-E1
Implementation	On Approval
Date Requested:	
Author(s):	Alexander Ciniewicz
Reviewer(s):	Linda Bird (primary)
Disposition Date:	08/21/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

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General Information

Project Name: RPPM	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 07/09/2012
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 08/21/2012	
State Status Changed: 08/21/2012	Deemer Date:
Created By: Alexander Ciniewicz	Submitted By: Alexander Ciniewicz
Corresponding Filing Tracking Number:	

Filing Description:

We are submitting the attached endorsement for prior approval. The form does not replace any previously submitted forms.

The form may be used with both new and in-force contracts with our unallocated Group Annuity contract forms 6008.8 approved 6/3/1992 and 6008.9-ACC approved 6/4/2008.

The purpose of endorsement T-940-FA-GA-E1 is to permit amounts to be deducted from the accumulations under the contract to pay the fees of financial advisors authorized by a plan participant to manage the funds in his or her nominal account.

Bracketed matter is illustrative.

Please note that a certification of readability is not included as the products that the endorsement will be attached to are securities subject to federal jurisdiction.

The form will be pre-printed or laser emitted with identical language approved by the Department. We reserve the right to change the book-turn duplex printing, pagination, location of print lines and words, signature graphic, and the type of font (but not point size to less than 10) of the form without resubmitting for approval.

If you have any questions about the form or if there is anything we can do to make your review easier, please call me.

Thank you.

Company and Contact

Filing Contact Information

Al Ciniewicz, Senior Contract Forms Specialist	aciniewicz@tiaa-cref.org
730 Third Avenue (730/3/32)	800-842-2733 [Phone] 232611 [Ext] 212-916-5903 [FAX]
New York, NY 10017	

State: Arkansas **Filing Company:** Teachers Insurance and Annuity Association of America

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Filing Company Information

Teachers Insurance and Annuity
Association of America
730 Third Avenue
New York, NY 10017
(212) 490-9000 ext. [Phone]

CoCode: 69345
Group Code: 1216
Group Name: TIAA-CREF
FEIN Number: 13-1624203

State of Domicile: New York
Company Type: L&H
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 form
Per Company: No

Company	Amount	Date Processed	Transaction #
Teachers Insurance and Annuity Association of America	\$50.00	08/15/2012	61711478

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/21/2012	08/21/2012

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Disposition

Disposition Date: 08/21/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Endorsement to TIAA Group Annuity Contract		Yes

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Form Schedule

Lead Form Number: T-940-FA-GA-E1							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		T-940-FA-GA-E1	POLA	Endorsement to TIAA Group Annuity Contract	Initial:		T-940-FA-GA-E1.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

**TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA
(TIAA)**

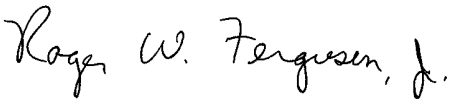
**730 Third Avenue, New York, NY 10017-3206
Telephone: [800-842-2733]**

Endorsement to TIAA Group Annuity Contract

This endorsement is part of your agreement with TIAA. The purpose of an endorsement is to make changes to the provisions of your Contract. Please read this endorsement in conjunction with your Contract.

The following provision is added:

Withdrawals to Pay Fees of Financial Advisors. If the Policyholder so authorizes, TIAA may withdraw accumulation units from any of the TIAA Separate Accounts to pay the fees of a financial advisor for services related to the management of Employees' nominal accumulations under the contract and/or the companion CREF contract. TIAA will not approve the eligibility of financial advisors for this type of reimbursement unless instructed to do so by the applicable fiduciary of the employer plan. The number of accumulation units in any Separate Account under the contract will be reduced by the number of accumulation units withdrawn from that account for this purpose.


*President, and
Chief Executive Officer*

SERFF Tracking #:	TCRE-128642668	State Tracking #:		Company Tracking #:	T-940-FA-GA-E1
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR - Compliance Certification.pdf			

STATE OF ARKANSAS

CERTIFICATIONS

You have our assurance that we are in compliance with the applicable sections of Ark. Code Ann. 23-79-138.

You also have our assurance that we provide the Life and Health Guaranty Association notice to each contract holder in compliance with the requirements of Regulation 49.

I hereby certify that I have reviewed the form listed below; and that, to the best of my knowledge, information, and belief the form listed below meets the provisions of the Arkansas Insurance Regulation 19 and all applicable requirements of the Arkansas State Insurance Department.

This is to certify that the form listed is exempt from the Flesch Reading Ease Score required in Arkansas pursuant to Section 23-80-204(b)(1).

Form: T-940-FA-GA-E1

A handwritten signature in black ink, appearing to read 'Peretz Perl', is positioned above a horizontal line.

Peretz Perl, FSA, MAAA
Director and Actuary
August 15, 2012